



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TOPS Surgical Specialty Hospital

Respondent Name

United Fire & Casualty Co

MFDR Tracking Number

M4-23-1969-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 11, 2022	27766	\$4,080.81	\$0.00
Total		\$4,080.81	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request. They did submit a document titled "Reconsideration". Reconsideration requests must be submitted to the Workers' Compensation Insurance Carrier not the Texas Department of Insurance. This document dated April 10, 2023 states, "The charges were not paid correctly per TX work comp fee schedule. According to TX workers compensation fee schedule the expected reimbursement for DOS 2/11/2022 is \$12,696.61."

Amount in Dispute: \$4080.81

Respondent's Position

"The provider is seeking additional payment of \$4,080.81. The carrier has already paid the provider the amount of \$8,615.80. The provider's subsequent billing do not amount to a

requestor for reconsideration in that it did not provide a bill specific substantive explanation why the carrier should change its position. The provider is not entitled to any additional payment.”

Response submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 370 – This hospital outpatient allowance was calculated according to the APC rate plus a markup
- 45 – Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement.
- 613 – The value of this procedure is packaged into the payment of other services performed on the same date of service.
- P12 – Workers’ Compensation Jurisdictional Fee Schedule.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking additional payment for outpatient hospital services rendered in February 2022. DWC Rule 28 TAC §133.307(c)(1) states:
"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.
(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of

service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the service in dispute is February 11, 2022. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on April 10, 2023. Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 23, 2023
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the

instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.